

P160000019072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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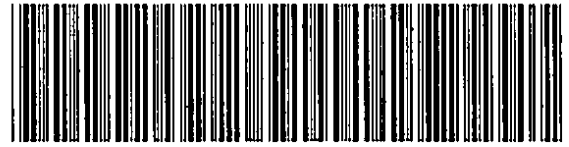
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: American Rehabilitation Medical Center, Corp
(Name of Corporation)

DOCUMENT NUMBER: P16000019072

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mabel Guzmán
(Name of Person)

American Rehabilitation Medical Center, Corp
(Name of Firm/Company)

8080 West Flagler Street, Suite 3B
(Address)

Miami, FL 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

Mabel Guzmán at (786) 615 2600
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

*** Mailing Address:**
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Ester Lopez
(Name of Registered Agent)

hereby resigns as Registered Agent for American Rehabilitation
(Name of Corporation)
Medical Center, Corp.
P16000019072
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

x [Signature]
(Signature of Resigning Agent)

If signing on behalf of an entity:

N/A
(Typed or Printed Name)

N/A
(Capacity)

Fee for filing this document:

* \$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

* Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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